FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C. 20549
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Check this box if no longer subject						
to Section 16. Form 4 or Form 5						
obligations may continue. See						
Instruction 1(b).						

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
II.								
Estimated average burden								
hours per response	: 0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Jones Elizabeth A					2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [ OBT ]										k all app Direc	licable) tor	ng Pe	rson(s) to Is	vner
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/21/2024								X	belov	′	perat	Other (s below) ing Office	·
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	ETON N	V 1	0940											X	Form	filed by On	e Rep	orting Person	on
	EION N	1	<del></del>												Form filed by More than One Reporting Person				
(City)	(S	tate) (Ž	Zip)		Rul	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Exec ay/Year) if an		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,		4 and Secur Bene Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice	Report Transa (Instr. :	action(s) 3 and 4)			(Instr. 4)	
Common Stock 03				03/21/	/2024				A		1,387(4)	A	A	\$ <mark>0</mark>	3,110(1)(2)(3)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of crivative curity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A)		(A)	(D)	Date Exercis	able	Expiration Date	Amoun or Numbe of Shares		er					

## **Explanation of Responses:**

- 1. Includes restricted stock units which vest at a rate of 1/3 per year commencing on September 21, 2022.
- 2. Includes restricted stock units which vest at a rate of 1/3 per year commencing on February 15, 2023.
- $3. \ Includes \ restricted \ stock \ units \ which \ vest \ at \ a \ rate \ of \ 1/3 \ per \ year \ commencing \ on \ March \ 11, \ 2024.$
- 4. Restricted stock units which vest at a rate of 1/3 per year commencing on March 21, 2025

/s/ Jennifer Staub, pursuant to power of attorney

03/25/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.